



DEP & REF
ROOM - 307

Atty. Dkt. No. DALHO1290-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sawynok, et al.
Title: USE OF TRICYCLIC
ANTIDEPRESSANTS FOR LOCAL
ANALGESIA
Appl. No.: 09/700,625
Filing Date: November 17, 2000
Examiner: Unassigned
Art Unit: Unassigned

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below. <u>Kevin J. Forrestal</u> (Printed Name) <u>[Signature]</u> (Signature) <u>April 27, 2001</u> (Date of Deposit)

AMENDMENT TRANSMITTAL

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

[X] Applicants claim Small Entity status under 37 C.F.R. § 1.27.

[X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	37	71	0	x \$18.00	\$0.00
Independents:	3	6	0	x \$80.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

OFFICE OF FINANCE
REFUND BRANCH
2001 MAY 10 AM 9:10
US PATENT & TRADEMARK
OFFICE



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<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

- ☐ Please charge Deposit Account No. 50-0872 in the amount of \$0.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 27, 2001

By

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